



TEXAS DEPARTMENT OF HEALTH INACTIVE PARAMEDIC LICENSURE

All information given on this form is considered public record, with exception of social security number*.

While on inactive status, maintaining continuing education (CE) hours is not required.

Active to Inactive Licensure- to change status of next licensure period

Inactive Licensure Statement may be submitted anytime during the licensure period or within 3 years after the license expiration date, if the license can be verified by the department. Submit a *Paramedic Licensure Application*, fee (\$100) & completed *Inactive Licensure Statement* form. Make **payment** to: Texas Dept of Health and mail in the enclosed pre-addressed envelope. The inactive licensure period begins the day after current license expiration and extends for no more than 4 years. For candidates not currently licensed, the initial inactive status period will remain in effect for up to 4 years from the date of issuance. Inactive licensure is renewable every 4 years thereafter by repeating this process.

Active to Inactive Licensure Status- to change status of current licensure

Submit both a *Paramedic Licensure Application* & completed *Inactive Licensure Statement* form. No fee is required. Mail to: Bureau of Emergency Management, Texas Dept of Health, 1100 West 49th Street, Austin, TX 78756-3199. The change to inactive status will be in effect for the remainder of the license period. Inactive licensure is renewable every 4 years thereafter by completing the *Paramedic Licensure Application* & *Inactive Licensure Statement* form and paying the \$100 application fee.

Inactive to Active Licensure

All renewal requirements must be completed within 6 months after application date. You must complete a department-approved formal refresher course. Submit the refresher course completion certificate with your *Paramedic Licensure Application* and fee (\$100). You will also be required to pass the department's written examination or pass the National Registry examination.

INACTIVE PARAMEDIC LICENSURE STATEMENT

I am hereby applying for Inactive Paramedic Licensure. I understand that while in inactive status I shall not provide patient care as that of certified or licensed personnel and may only act as a bystander. Performance in any capacity regulated under the Health and Safety Code, for compensation or as a volunteer, is prohibited and failure to comply shall be cause for decertification and may be cause for denial of future applications.

I understand EMS §157.40 -Paramedic Licensure and ALL REQUIREMENTS for reentry to active status.

Printed Last Name

First Name

Middle

Social Security ## or EMS Personnel ID#

Signature

Date

*Disclosure of your social security number is voluntary. We recommend you provide your social security number to be used as a unique identifier so as to prevent confusion among applicants of similar or same name